


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 030 ****50.00

DOCUMENT # L00000004312					
1. Entity Name BRYAN MANAGEMENT, L.L.C.					
Principal Place of Business 232 SABINE DRIVE PENSACOLA BEACH, FL 32561			Mailing Address 18 N OAKWOOD LN COLUMBUS, MS 39705		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 254 Plaza Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Oviedo FL		4. FEI Number 59-3659502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		32765 U.S.	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRYAN, NELLIE BOMAR 232 SABINE DRIVE PENSACOLA BEACH, FL 32561			Name <u>Randy C. Bryan, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) 254 Plaza Dr. City <u>Oviedo</u> <u>FL</u> Zip Code <u>32765</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>8/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, NELLIE BOMAR 18 N OAKWOOD LN COLUMBUS, MS 39705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bryan, Nellie B. 1235 Alamanda Ct Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Randy C. Bryan 254 Plaza Dr. Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>8/27/07</u> Daytime Phone # <u>407 977 8080</u>		

00055317



08272007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable